

**Tennessee Department of Children's Services**  
**Office of Child Safety**  
**Quality Review for Investigations**

<b>Case Name:</b>		<b>Investigation ID:</b>		<b>Review Period:</b>	
<b>Grand Region:</b>		<b>Region:</b>		<b>County:</b>	
<b>Lead Investigator:</b>		<b>Investigator:</b>		<b>Investigations Coordinator:</b>	

<b>Quantitative Checklist:</b>					
		Yes	No	Not Applicable	Comments
1	Was the Priority Response timeframe met?	<input type="checkbox"/>	<input type="checkbox"/>		
2	Was CPIT notified/convened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Was the District Attorney notified of both case initiation and closure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Was the local Juvenile Court Judge notified of both case initiation and closure?	<input type="checkbox"/>	<input type="checkbox"/>		
5	Was the Safety Assessment completed within 72 hours?	<input type="checkbox"/>	<input type="checkbox"/>		
6	Was the FAST submitted within 10 business days?	<input type="checkbox"/>	<input type="checkbox"/>		
7	Was TFACTS reviewed for child/family history?	<input type="checkbox"/>	<input type="checkbox"/>		
8	Were face-to-face contacts or good faith efforts made with all ACV(s)?	<input type="checkbox"/>	<input type="checkbox"/>		
9	Was a forensic interview conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Did a home/site visit occur or were good faith efforts made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Was the composition of the household described?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Were all siblings/household members and relevant witnesses interviewed/observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Was TFACTS documentation recorded within 30 days of activity/contact?	<input type="checkbox"/>	<input type="checkbox"/>		
14	Was the investigation classified within 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Were Administrative Reviews conducted as required?	<input type="checkbox"/>	<input type="checkbox"/>		
16	Was the investigation closed within 60 days?	<input type="checkbox"/>	<input type="checkbox"/>		

**Completed Documents:****(The correctly completed items should be located in TFACTS, when applicable)**

		Yes	No	Not Applicable	Comments
<b>1</b>	CPS Intake Packet Documents Verification CS-0050: Acknowledgement of Receipt of Client Rights Handbook (CS-0835), Native American Heritage Veto Verification (CS-0824), HIPAA Notice of Privacy Practices – Client Acknowledgement (CS-0699), and Notification of Equal Access to Programs (CS-0158)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2</b>	CPIT meeting form (CS-0561)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3</b>	IPA/Affidavit of Reasonable Efforts/Court Petitions & Orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4</b>	Authorization for Release of Information to /from DCS (CS-0668 & CS-0559)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b>	Letter A, Notification to Perpetrator & Request for Formal File Review (CS-0554)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6</b>	Tennessee Early Intervention Services Referral (CS-0811)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Qualitative Findings:

		Artifact	Exceeds Expectation	Meets Expectation	Needs Improvement	Unacceptable	Not Applicable	Justification for Rating
1	<b>Quality Documentation</b> Examples of documentation that indicate competency in the above expectation may include: <ul style="list-style-type: none"> <li>• Proper grammar, syntax and spelling.</li> <li>• Opening case summary.</li> <li>• Closing case summary.</li> <li>• Justification for each allegation classification.</li> <li>• Use of proper names (e.g., Ms. Thomas, biological mom) .</li> <li>• Use of professional titles (e.g., Sgt. Smith, Dr. Jones, etc.).</li> <li>• Referent information kept confidential.</li> <li>• Other: _____</li> </ul>	<b>Case Recordings</b>  <b>Investigation Summary &amp; Classification Decision (CS-0740)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<b>Assessment of Safety</b> Examples of documentation that indicate competency in the above expectation may include: <ul style="list-style-type: none"> <li>• How the conditions of the environment affect the immediate health and safety of the child.</li> <li>• Physical injuries to the child or the threat to cause such injuries by the caretaker.</li> <li>• Alleged perpetrator's access to the child.</li> <li>• How substance abuse issues (including manufacturing of methamphetamine), criminal activities, family conflict or domestic violence are immediately threatening the health and safety of the child.</li> <li>• How the lack of supervision by the parent/caretaker affects the immediate safety of the child.</li> <li>• Non-offending parent/caretaker's response to allegations and protective capacity.</li> <li>• Parent/caretaker's willingness to recognize problems which place the child in imminent danger.</li> <li>• Consult with Regional General Counsel regarding child safety.</li> <li>• Other: _____</li> </ul>	<b>Case Recording of Home Visit</b> <b>Case Recording of ACV Interview</b>  <b>Case Recording of Parent/ Caretaker Interview</b>  <b>Case Recording of Referent/ Witness Interview</b>  <b>FAST Safety Assessment</b>  <b>Case Recording of IPA and Court Order</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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3	<b>Assessment of Risks</b> Examples of documentation that indicate competency in the above expectation may include: <ul style="list-style-type: none"> <li>History of parent/caretaker's emotional instability, substance abuse, family conflict or domestic violence and prior contact with DCS.</li> <li>Parent/caretaker's level of attachment to the child.</li> <li>Poor parenting skills of the parent/caretaker (e.g., inappropriate discipline, poor hygiene, insufficient medical care).</li> <li>Protective factors present in the parent/caretaker's ability to care for the child.</li> <li>Parent/caretaker's willingness to accept services.</li> <li>Parent/caretaker's cognitive, physical and emotional capacity to participate in services. Child's current physical, mental and social wellbeing within the home as well as within other environments (e.g., child's behavior at school or community, visibility or isolation of the child).</li> <li>Consult with MSW regarding trauma reduction.</li> <li>Other: _____</li> </ul>	<p><b>Case Recording of Home Visit</b></p>   <p><b>Case Recording of ACV Interview</b></p>   <p><b>Case Recording of Parent/Caretaker Interview</b></p>   <p><b>Case Recording of Referent Interview</b></p>   <p><b>Case Recording of Witness Interview</b></p>   <p><b>Case Recording of Consult</b></p>   <p><b>FAST</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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4	<b>Effective Engagement with Child &amp; Family</b> Examples of documentation that indicate competency in the above expectation may include: <ul style="list-style-type: none"> <li>• Purpose of CPS contact with the child/family.</li> <li>• Location/setting of interviews.</li> <li>• Child/family strengths, needs, health, and safety.</li> <li>• Effective parenting skills and appropriate discipline.</li> <li>• Financial status, family dynamics, community resources available and/or other support systems.</li> <li>• Parent/caretaker's action steps to maintain safety and reduce risks.</li> <li>• Desired outcomes for the child/family.</li> <li>• Progress by the child/family.</li> <li>• Other: _____</li> </ul>	<b>Case Recording of ACV Interview</b>  <b>Case Recording of Parent/ Caretaker Interview</b>  <b>Case Recording of Referent Interview</b>  <b>Case Recording of Witness Interview</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<b>Identifies and Initiates Services Appropriately &amp; Timely</b> Examples of documentation that indicate competency in the above expectation may include: <ul style="list-style-type: none"> <li>• Safety Assessment supports decisions for the child/family.</li> <li>• FAST supports decisions for the child/family.</li> <li>• CFTM planning with the child/family.</li> <li>• Family Permanency Plan includes results from Safety Assessment/FAST to identify actions, objectives and goals based needs of the child/family.</li> <li>• Family Functional Assessment.</li> <li>• Referrals to identified service providers.</li> <li>• Implementation of recommended services.</li> <li>• Other: _____</li> </ul>	<b>Safety Assessment</b>  <b>FAST</b> <b>CFTM Form</b>  <b>FPP Form</b>  <b>FFA Form</b>  <b>Providers Reports</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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6	<b>Evidence Supports Allegation(s) Classification(s)</b> Examples of documentation that indicate competency in the above expectation may include: <ul style="list-style-type: none"> <li>• Drug screen results when substance abuse allegation(s) are reported.</li> <li>• Pictures of the ACV's injuries, as appropriate.</li> <li>• Condition of the home.</li> <li>• Pictures of the home environment or other environmental factors (e.g.: items used in the production of methamphetamine).</li> <li>• Relationship between the injuries to the child and alleged perpetrator's explanation of how the injuries occurred.</li> <li>• Relationship between injuries to the child and medical records and/or medical expert opinion.</li> <li>• Relevant information discovered through a review of external assessments, evaluations, police reports, witness statements and/or confessions.</li> <li>• Relevance of the consistent, specific and explicit details given by a child disclosing sex abuse.</li> <li>• Recognition of severe abuse.</li> <li>• Other: _____</li> </ul>	<b>Drug Screen Results</b>  <b>Photographs</b>  <b>Case Recording of Home Visit</b>  <b>Medical Records</b>  <b>Case Recording of the Alleged Perpetrator's Interview</b>  <b>Case Recording of Witness Interview</b>  <b>Police Reports</b>  <b>Provider Assessments/ Evaluations</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

[illegible]

**Results Reviewed**  
**Date:**